

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029401

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 3089 Registrar's No. 151

FILED JUL 31 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Camden</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rayle</u> | | c. CITY OR TOWN <u>Braggadocio</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Belle</u> Last <u>White</u> | | 4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>63</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-7-79</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. FATHER'S NAME <u>Bill Hatcher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Conkman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>[Redacted]</u> | | 17. INFORMANT <u>Maxine Rose Braggadocio Mo</u> Address <u>[Redacted]</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Surgery - fracture of left hip</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>[Redacted]</u> a.m. <u>[Redacted]</u> p.m. <u>[Redacted]</u> Month, Day, Year <u>[Redacted]</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Braggadocio Mo</u> | |
| 21. I attended the deceased from <u>1-6-58</u> to <u>7-20-63</u> and last saw her alive on <u>7/20/63</u> Death occurred at <u>[Redacted]</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>7/23/63</u> | |
| 22a. SIGNATURE <u>Walter R. McCoy M.D.</u> | | 22b. ADDRESS <u>Conkmanville Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-22-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u> | 23d. LOCATION (City, town, or county) <u>Conkmanville Mo</u> |
| 24. FUNERAL DIRECTOR <u>German Funeral Home St. Louis Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-26-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Jim F. McClure

Licensed Embalmer No. 5704

P. O. Address State, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.